

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531641

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	1					
5	1					
6	0					
7	0					
8	1					
9	0					
10	1					
11	0					
12	0					
13	0					
14	0					
15	0					
16						
17						
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	16	↔	15	↔	↔	
TOTAL CLAIMS	17	[REDACTED]	16	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]